

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10702315

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
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TOTAL IND.	4		4			
TOTAL DEP.	29		47			
TOTAL CLAIMS	51		51			